ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE) Loan Balance Verification Form

T-121 (16/17)

LENDERS MUST COMPLETE AND RETURN THIS FORM TO:

California Student Aid Commission – Specialized Programs P.O. Box 419029, Rancho Cordova, CA 95741-9029 (888) 224-7268 #4 E-Fax (916) 464-7521 or Email: studentsupport@csac.ca.gov

The California Student Aid Commission (Commission) is authorized to assume portions of the following APLE participant's educational loan debts. If the Commission determines that the participant is eligible for APLE benefits, an assumption payment will be issued to your lending institution.

		SECTION I: TO I	BE COMPLI	ETED BY PA	RTICIPANT (please	e print or type)			
I hereby authorize a lending ins	stitution official to	complete and releas	se, to the Co	ommission, th	ne information reque	sted below.			
PARTICIPANT'S NAME		PARTICII	PANT'S SSN	l	PARTICIPANT'S	S SIGNATURE	DATE		
	STOP	AFT FORWARD THIS			PLETED SECTION IDER TO COMPL		STOP		
	SECTIO	N II: TO BE COMPL	ETED BY A	LENDING I	NSTITUTION OFFIC	CIAL (please print or ty	ype)		
	~IF THE	LOAN HAS BEEN SO	LD, PLEASI	E FORWARD	THIS FORM TO THI	E NEW LENDER/SERVI	CER~		
ACCOUNT #	LOAN TYPE	CONSOLIDATED please circle	SUB OR UNSUB	INTEREST RATE	DISBURSEMENT DATE	JUNE 30, 2016 PAYOFF AMOUNT	COMMISSION/EDFUND GUARANTEED please circle	IF DEFAULT please circle	
		Y / N				\$	Y / N	Y / N	
		Y / N				\$	Y / N	Y / N	
		Y / N				\$	Y / N	Y / N	
		Y / N				\$	Y / N	Y / N	
		Y / N				\$	Y / N	Y / N	
		Y / N				\$	Y / N	Y / N	
PLEASE INDICATE WHERE THE	IE APLE PAYME	ENT IS TO BE SENT:			TOTAL: \$		LENDER CODE		
ADDRESS WHERE PAYMENT IS TO BE SENT CITY						STATE	ZIP		
By my signature, I certify under returned by the deadline of <u>Jur</u>						nowledge, correct and	accurate. I understand if th	is form is not	
SIGNATURE OF LENDING INSTIT	PRINTED NA	PRINTED NAME OF OFFICIAL				CALIFOR STUDEN	RNIA NT AID		
E-MAIL ADDRESS		TELEPHON	TELEPHONE NUMBER			DATE		COMMISSION	